

RMA REQUEST FORM



Please fill in the blank space clearly.

Apply Date :

RMA No. :		*Tel No.:		
Customer No.:		*Fax No.:		
*Company name:		*E-Mail :		
*Contact person :		*Address :		
<input type="checkbox"/> RMA : Returned Material Authorization		<input type="checkbox"/> DOA : Dead On Arrival (within 15 days after invoice date)		
Model / Part Number	Q'TY	Description	DATE	S// N
TOTAL QTY				
Invoice No. :		Customer Signature		
Purchased from (Distributor)				

1. The **RMA REQUEST FORM** should be attached with the RMA shipment.
2. Please provide all relevant information concerning the defect or malfunction of the product.
3. We will return all repairs and replacements to you freight prepaid. Therefore, we would like to ask you to send the shipment freight prepaid too.
4. Products should arrive at our facility within 14 days of the date we issued the RMA number.
5. Products which are out of the warranty period, or products defect due to mishandling, abuse, misuse, neglect or repair by users are out of RMA service, and need to be ch.
6. Customers should email the RMA Request Form to their account manager or directly to rma@inp.co.in
7. Send to the following IINP RMA address : INP , survey no. 141/2, Sardar nagar, Saravali, Taluka Palghar, Boisar MIDC, Thane 401501, Maharashtra, India